

**Educational Service Unit 6**  
**Title III (LEP) Consortium**  
**District Request for Reimbursement / Payment**



**Please email, fax, or mail the completed form to the ESU 6 Accounting Clerk:**

Educational Service Unit No. 6  
 210 5th Street, Milford, NE 68405

Fax: 402.761.3279  
 Email: mhatfield@esu6.net

*Stipends and sub pay for events sponsored by ESU 6 will be paid from the sign in sheet, and therefore, do not require this form.*

**District / School:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**District Contact:** \_\_\_\_\_  
*Whom should we contact with questions?*

**If you want ESU 6 to pay a vendor directly, please complete:**

**Vendor** (checks payable to): \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Title III Supplementing vs. Supplanting Requirements:**

Yes No Is the service, item, or event directly and solely for the benefit of the district's English Language Learners and/or their families?

Yes No Is the item or service SUPPLEMENTAL to those provided to all students and expected by other federal, state, or local funding sources?

If you answered no to either question, please explain.

**Activity:** *(Please briefly describe the reason for the expense; include the names of personnel involved.)*

**Mileage Details:** *(Use page two for additional entries.)*

Date	Beginning Location	Ending Location	Total Miles	Rate / Mile	Total Amount
Total Mileage Requested					

**Expense Details:** *(Itemized receipts or invoices **must** accompany this request. Use page two for additional entries.)*

Date	Description (fees, hotel, meals, sub pay, etc.; e.g., 2 nights at Holiday Inn, Kearney)	Amount	Total Amount
Total Expenses Requested			

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ESU 6 Office Use Only**

**ESU 6 Approval**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Educational Service Unit 6  
 Title III (LEP) Consortium  
 District Request for Reimbursement (*page 2*)



District / School: \_\_\_\_\_ District Contact: \_\_\_\_\_

Mileage Details: (*Use page two for additional entries.*)

Date	Beginning Location	Ending Location	Total Miles	Rate / Mile	Total Amount
Total Mileage Requested					

Expense Details: (*continued from page 1*)

Date	Description (fees, hotel, travel, meals, etc.; e.g., 2 nights at Holiday Inn, Kearney)	Amount	Total Amount
Total From Page 1			
Total Expenses Requested			